

District (if applicable)

Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

[illegible]

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JOHN J. LOURITT SCHOOL BOARD TRUSTEE DOUGLAS CO
 Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

JOHN J. LOURITT SCHOOL BOARDS TRUSTEE DODGE COUNTY
 Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page)</small> NRS 29A.325	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NONE			

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**IN-KIND CAMPAIGN
CONTRIBUTIONS**

Report Page: #

JOHN J. LOWRITT
Name (print)

SCHOOL BOARD TRUSTEE
Office (if applicable)

DOUGLAS CO.
District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN-KIND CONTRIBUTION	DESCRIPTION OF EACH IN-KIND CONTRIBUTION	VALUE OR COST OF EACH IN-KIND CONTRIBUTION	OTHER FEE: IF APPLICABLE
NONE				

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JOHN J. LOURITT

Name (print)

SCHOOL BOARD TRUSTEE

Office (if applicable)

DOUGLAS CO

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN-KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN-KIND EXPENSE	DATE OF EACH IN-KIND EXPENSE	VALUE OR COST OF EACH IN-KIND EXPENSE
NONE			

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